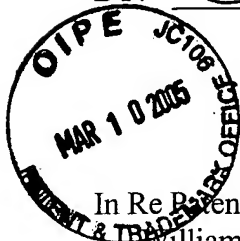


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY:

Date:

3/8/05



MAIL STOP AMENDMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:
William T. Gurnee *et al.*

Conf. No.: 6477

: Group Art Unit: 3743

Appln. No.: 10/087,042

: Examiner: Aaron J. Lewis

Filing Date: February 28, 2002

: Attorney Docket No.: 383-9U1

Title: HYPERBARIC OXYGEN THERAPY SYSTEM CONTROLS

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment in the above-identified application.

☐ Substitute Specification.

☒ Small Entity status:

☒ has previously been claimed/established.

☐ is hereby claimed under 37 C.F.R. §1.27, as ☐ an Independent Inventor, or ☐ a Small Business Concern, or ☐ a Non-Profit Organization.

The additional claim fees have been calculated as follows:

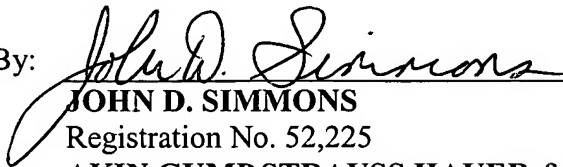
					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	23	(-)	34	0	x25	0	x50	
INDEP.	5	(-)	9	0	x100	0	x200	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$180		+\$360	
TOTAL					0		TOTAL	

The additional claim fees are being paid by:

- ☐ A check in the amount of \$_____.00.
- ☒ Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. 200383.0012) as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Additional claim fee in the amount of \$_____.00 as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.
- ☒ In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

CORRESPONDENCE ADDRESS

March 8, 2005
(Date)

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Enclosures